



Connecticut Psychiatric Society

*A District Branch of the
American Psychiatric Association*

FTR

Statement on

House Bill 6612 – An Act Concerning the Health Insurance Grievance Process for Adverse Determinations, the Office of Healthcare Advocate and Mental Health Parity Compliance Checks

Senate Bill 1088 – An Act Establishing a Task Force to Study Adverse Determinations by Health Carriers for the Treatment of Mental Disorders

Senate Bill 1091 – An Act Establishing a Task Force to Study Health Insurance Coverage of and Program Enrollment Options for Treatment that is Ordered by a Court for Mental Disorders

**Senate Bill 1089 – An Act Concerning Qualifications of Clinical Peers
for Adverse Determination Reviews**

**Senate Bill 1090 – An Act Decreasing the Time Frame for Certain Adverse Determination
Grievances**

Insurance and Real Estate Committee

March 12, 2013

This statement is being submitted on behalf of the nearly 800 members of the Connecticut Psychiatric Society on House Bill 6612, Senate Bill 1088, Senate Bill 1091, Senate Bill 1089, and Senate Bill 1090.

House Bill 6612 - An Act Concerning the Health Insurance Grievance Process for Adverse Determinations, the Office of Healthcare Advocate and Mental Health Parity Compliance Checks would strengthen the treatment for mental illnesses by requiring that the Connecticut Insurance Department select and use a method to check health insurance companies' and other entities' compliance with state and federal mental health parity laws and report on the results of such checks to the General Assembly. We agree with the Connecticut State Medical Society's suggested changes to the definition of clinical peer in Subdivision (7) and (7) (A) of section 38a-591a of the general statutes.

Senate Bill 1088 – An Act Establishing a Task Force to Study Adverse Determinations by Health Carriers for the Treatment of Mental Disorders would establish a task force to study the numbers, frequencies and final outcomes of adverse determinations made by health carriers for the treatment of mental disorders, where such treatments were determined to be medically necessary by a covered person's treating health care professional. We find this to be extremely important. Over the past decade this legislature, as well as the federal government, have enacted several pieces of legislation to make sure that insurance plans treat mental illness the same as other illnesses. Despite this, the road to treatment can be very daunting for the mentally ill. Like, House Bill 6612, this bill will help to determine if patients are actually getting the care that they need.

Senate Bill 1091 – An Act Establishing a Task Force to Study Health Insurance Coverage of and Program Enrollment Options for Treatment that is Ordered by a Court for Mental Disorders would determine once again help to determine if those suffering from mental illness have access to and are getting the treatment that they need. Currently just because mental health treatment is ordered by the court, it does not mean that it is covered by an insurance plan. Each insurance plan requires that certain medical standards are met before treatment is authorized regardless if the treatment is court ordered or not. This can often be a barrier to treatment.

Senate Bill 1089 – An Act Concerning Qualifications of Clinical Peers for Adverse Determination Reviews greatly strengthens the qualifications on those who can review adverse determinations and we strongly support it. It is highly important that such determinations be made by people who are actually familiar with the diagnosis and treatment. This is especially true in mental health care where the treatment is very specialized and where comorbid conditions and diagnosis are common.

Senate Bill 1090 – An Act Decreasing the Time Frame for Certain Adverse Determination Grievances. This bill would decrease the time for review decisions to be made by health carriers and independent review organizations for certain adverse determination grievances from seventy-two hours to twenty-four hours. We support decreasing the amount of time for adverse determinations grievances to be reviewed as it helps to guarantee that medical care is provided on a timely basis. This is especially important when treating patients with a mental illness as the benefit from their treatment comes when it is constant and consistent. In addition, when a condition arises that must be treated quickly, it is essential that physicians not wait for a lengthy period of time before treatment begins. Doing so puts the patient at risk.

We support any legislation that would help our patient access high quality, consistent medical treatment for their mental illness and we offer our support and help to this committee in making that happen.

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